

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 12 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0209
Date: 7-19-16
Amount Paid: \$125
7-19-16
Return:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | |
|--|--|--|---|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Saint Izis Acres | Mailing Address: 29000 Hogstrom Rd. | City/State/Zip: Ashland, WI 54806 | Telephone: 715 209 7527 |
| Address of Property: Highway 137 | | City/State/Zip: | Cell Phone: |
| Contractor: T.B.D. | Contractor Phone: | Plumber: N/A | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | Agent Mailing Address (include City/State/Zip): |
| PROJECT LOCATION SE 1/4, SW 1/4 | | PIN: (23 digits) 04-20-247-05-11-2-63-000-10000 | Recorded Document: (i.e. Property Ownership) Volume 1143 Page(s) 549 |
| SE 1/4, SW 1/4 | Gov't Lot 10 | Lot(s) 10 | CSM 10 |
| Section 11, Township 47 N, Range 5 W | Town of: Elieen | | Subdivision: |
| Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | Distance Structure is from Shoreline: feet | Distance Structure is from Shoreline: feet |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | Distance Structure is from Shoreline: feet | Distance Structure is from Shoreline: feet |
| Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | | | | | | | |
|---|---------|------------------------------|-----|---------------|--|-------|--|---|--|-------------------------------------|--|---|-------------------------------|
| Value at Time of Completion * include donated time & material \$45,000 | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water | | | | | | | |
| | | | | | | | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | Specify Type: _____ | <input type="checkbox"/> City |
| | | | | | | | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | Specify Type: _____ | <input type="checkbox"/> Well |
| | | | | | | | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) | Specify Type: _____ | <input type="checkbox"/> None |
| | | | | | | | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Compost Toilet | <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> None |

| | | | |
|---|----------------------|----------------------|----------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 70 ft | Width: 136 ft | Height: 28 ft |
| Proposed Construction: Agricultural Use Only | | | |

| | | | | | |
|--|-------------------------------------|---|--|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | | Dimensions | Square Footage |
| | | <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | |
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> | with Loft | | () | () |
| | | with a Porch | | () | () |
| | | with (2 nd) Deck | | () | () |
| | | with a Deck | | () | () |
| | | with (2 nd) Deck | | () | () |
| <input checked="" type="checkbox"/> Commercial Use | <input type="checkbox"/> | with Attached Garage | | () | () |
| | | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) | | () | () |
| | | Mobile Home (manufactured date) | | () | () |
| | | Addition/Alteration (specify) | | () | () |
| | | Accessory Building (specify) | | () | () |
| <input type="checkbox"/> Municipal Use | <input checked="" type="checkbox"/> | Accessory Building Addition/Alteration (specify) | | () | () |
| | | Per'd for Issuance | | () | () |
| | | Special Use: (explain) | | () | () |
| | | Conditional Use: (explain) | | () | () |
| | | Other: (explain) | | () | () |
| Secretarial Staff | | | | () | () |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at all reasonable time for the purpose of inspection.

Owner(s): **St. Izis Acres**
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: **7/11/16**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: **CIS Design & Engineering, Inc. 303 Lake Shore Dr. W. Ashland, WI. 54806**
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NO PIN# DONT KNOW WHERE IT IS 60135.7-19-16

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see attached site plan

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 227 Feet | Setback from the Lake (ordinary high-water mark) | N/A Feet |
| Setback from the Established Right-of-Way | 87 Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 342 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 157 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 571 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 50 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | N/A Feet | Setback to Well | N/A Feet |
| Setback to Drain Field | N/A Feet | | |
| Setback to Privy (Portable, Composting) | N/A Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

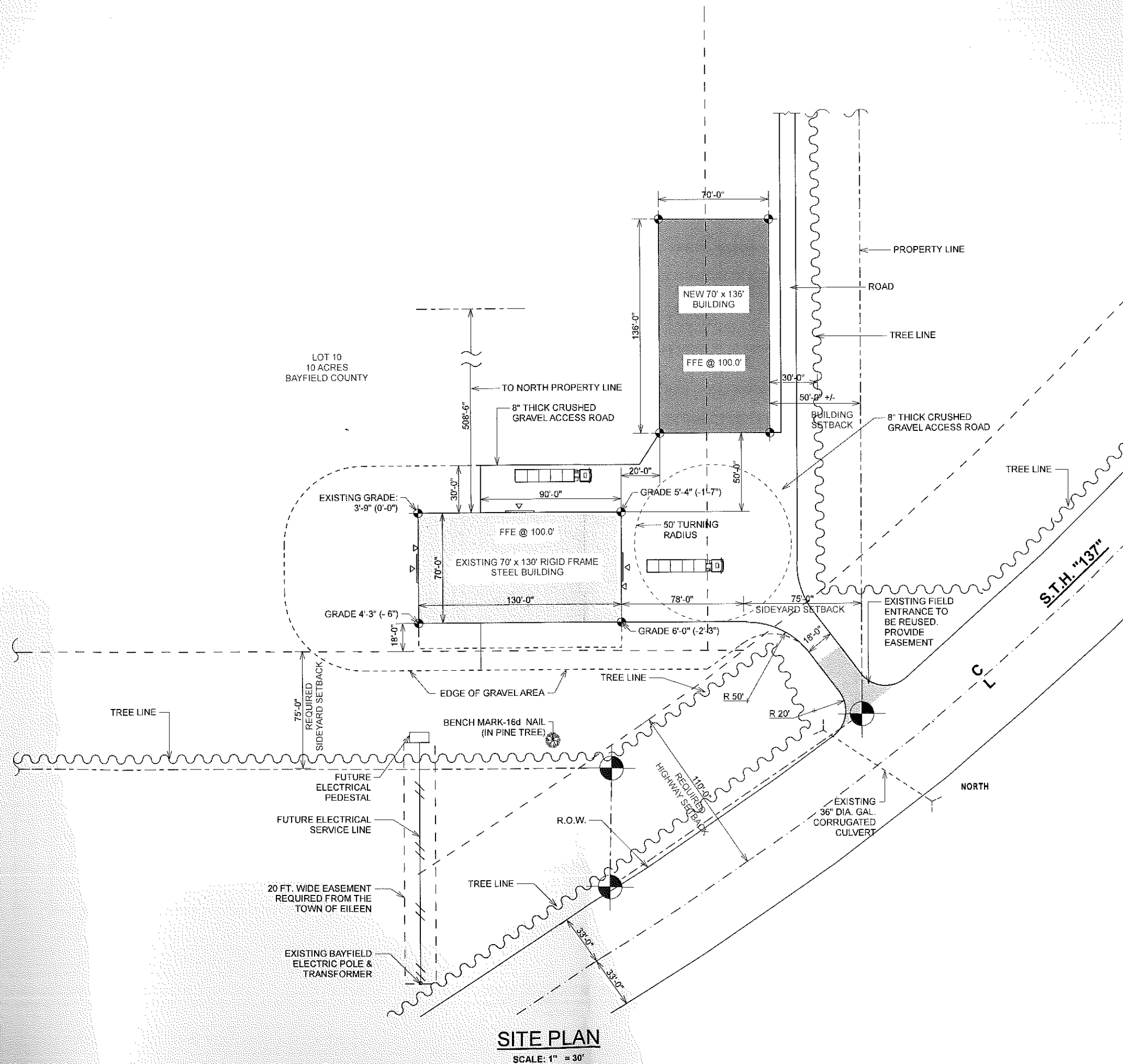
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: 16-0809 | Permit Date: 7-19-16 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (fused/contiguous lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | | Case #: | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | Zoning District (AG1) | | Date of Re-Inspection: | |
| Date of Inspection: 7-18-16 | Inspected by: [Signature] | | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) | | | | |
| Not Per human habitation | | | | |
| Signature of Inspector: [Signature] | | | | Date of Approval: 7-19-16 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |



SITE PLAN
SCALE: 1" = 30'

PROPOSED SITE PLAN FOR:
SAINT IZ'S ACRES, LLC
HIGHWAY 137, ASHLAND, WI 54806

SITE PLAN

OS Design & Engineering, Inc.
803 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone: (715) 682-3330
Fax: (715) 682-4336
www.osdesigninc.com

APPROVED

REVISIONS

DESIGNED

S.G.S.

DRAWN

B.J.H.

SCALE

AS NOTED

DATE

JULY 2016

PROJECT NO.

SHEET NO.

A-2

COPYRIGHT © 2015

PRINTED: 7/8/2016

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Received: JUL 14 2016
Bayfield Co. Zoning Dept.

Permit # 16-0810
Date: 7-19-16
Amount Paid: \$6600
Refund: 7-19-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | | | |
| Owner's Name: LESUE ARNOLD LGHT | | Mailing Address: SAME | | City/State/Zip: ASHLAND WI 54806 | | Telephone: 715-272-3120 | | Cell Phone: 715-558-3416 | |
| Address of Property: 29245 ST Hwy. 137 | | Contractor Phone: 715-558-3228 | | Plumber: 715-558-3416 | | Plumber Phone: 715-558-3416 | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) American Home Services | | Agent Phone: 715-558-3228 | | Agent Mailing Address (include City/State/Zip): | | Recorded Document: (i.e. Property Ownership) Volume 877 Page(s) 414 | | Subdivision: 16.5 | |
| PROJECT LOCATION NW 1/4, SW 1/4 | | Legal Description: (Use Tax Statement) 04-020-2-47-05-11.3 02 000-10000 | | PIN: (23 digits) 04-020-2-47-05-11.3 02 000-10000 | | Lot Size | | Acreage 16.5 | |
| Section 11, Township 47 N, Range 5 W | | Town of: EILEEN | | Distance Structure is from Shoreline: feet | | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | |
|--|---|---|---|---|---|---|
| <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue --> | <input type="checkbox"/> Distance Structure is from Shoreline: feet | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue --> | <input type="checkbox"/> Distance Structure is from Shoreline: feet | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| \$ 220,000 | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: Sewer/Septic | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (exists) Specify Type: _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |

| | | | |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 54 | Width: 64 | Height: 16 |
| Proposed Construction: | Length: 54 | Width: 64 | Height: 16 |

| | | | |
|---|--|------------|----------------|
| Proposed Use | Principal Structure (first structure on property) | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (28 x 54) | 1512 |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> with Loft | (8 x 8) | 64 |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> with (2nd) Porch | (5 x 6) | 30 |
| | <input type="checkbox"/> with a Deck | (20 x 8) | 160 |
| | <input type="checkbox"/> with (2nd) Deck | (28 x 26) | 728 |
| | <input type="checkbox"/> with Attached Garage | | |
| | <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | | |
| | <input type="checkbox"/> Mobile Home (manufactured date) | | |
| | <input type="checkbox"/> Addition/Alteration (specify) | | |
| | <input type="checkbox"/> Accessory Building (specify) | | |
| | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | | |
| Rec'd for Issuance | Special Use: (explain) | | |
| JUL 19 2016 | Conditional Use: (explain) | | |
| | Other: (explain) | | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Arnold Lesue Date 7-18-16
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Copy of Tax Statement Attach

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|--|--|---|
| Issuance Information (County Use Only) | | Sanitary Number: <u>16665</u> | # of bedrooms: | Sanitary Date: <u>7-11-16</u> |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: <u>16-0810</u> | Permit Date: <u>7-19-16</u> | | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No | Mitigation Required Mitigation Attached |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Affidavit Required Affidavit Attached |
| Was Parcel Legally Created Was Proposed Building Site Delineated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record: | | Zoning District (AC1) | | |
| Date of Inspection: <u>7-18-16</u> | Inspected by: <u>glenbury</u> | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached) | | | | |
| Must get var | | | | |
| <u>TBA-01-5293</u> | | | | |
| Signature of Inspector: <u>glenbury</u> | | | | Date of Approval: <u>7-19-16</u> |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

PLOT PLAN

SCALE = 1:40

39245 STATE HWY 137
NW 1/4, SW 1/4, Sec. 11, T47N, R5W
TOWN OF EILEEN, BAYFIELD COUNTY
Pat. 04-026-2-47-05-11-3 02-000-10000

BM = Bottom of Siding at SW corner of Dwelling

| ELEVATIONS | |
|------------|-----------|
| BM | 100.00 ft |
| B1 | 98.33 ft |
| B2 | 98.25 ft |
| B3 | 98.00 ft |

ST = 1000 gal. prefab concrete septic tank made by Wieser Concrete w/ Lifetime LT-1/2 Filter
AA = Absorption Area consisting of two cells, Spaced 23 ft apart, containing a total of 32 Quick 4 Plus Chambers

